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CAROL HERRMANN STECKEL, MPH
Commissioner

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Dear Patient 1st Primary Medical Providers (PMP)

I am pleased to provide your Patient 1st Provider Profile. The Profiler contains information on your Patient 1st panel for the period April 1, 2005 through March 31, 2006. You will receive the Profiler on a quarterly basis hereafter. You will note the Profiler has changed significantly. I want to direct your attention to several important facts that may affect your understanding of Profiler.

First, this report only includes information about those patients who were assigned to your panel during the specified period of time. Medicaid patients not enrolled in Patient 1st and Medicare dual eligible patients are not included. Your total panel size is reflected in the top, right corner. It is an unduplicated count and if this panel size seems inflated, it is because it accounts for every patient on your panel at any time during the year, even those patients who may have been on your panel for one month. Second, the numbers and counts reflected on the top of page one (down to Panel General Service Characteristics) are straight calculations. These numbers have not been morbidity adjusted. When you see the term "expected" you will know that Profiler has adjusted the amount based on the morbidity level of your patients. Third, you will notice much more information about prescriptions. The Profiler provides dispensing rates and costs along with the top drugs you prescribed for your Patient 1st panel. Only prescriptions written by you or physicians in your group are included in these comparisons. And lastly, the fourth page reports your performance measures. These are the measures that the Agency will be using in determining the sharing of the savings.

Let me call your attention to three key pieces of information:

- ☐ **Expected PMPM** (page one, Panel General Service Characteristics) – this calculation reflects what the Agency would expect to pay on a per member, per month basis if your peer group were treating your patient population. It is morbidity adjusted.
- ☐ **Prescription Dollars** (page two) – this calculation provides data on what the different types of drugs cost. Please note that these calculations reflect patterns based on prescriptions written by the PMP, not emergency room or specialty physicians.

- **Performance Measures** (page four) – this information will keep you apprised of how your practice is meeting the performance measures. Aggregate data will be provided at the time the savings are shared that documents the methodology used.

The actual definition for each field is included and will be published in the Provider Manual as well as on the WEB. Additionally, Agency staff is available to talk with you and answer any questions you may have. Please feel free to contact Paige Clark at (334) 242-5148 or email at paige.clark@medicaid.alabama.gov or Kim Davis-Allen at (334) 242-5011 or email at kim.davis-allen@medicaid.alabama.gov.

Thank you for your commitment to the citizens of Alabama. Without you, many people would not be receiving the quality healthcare that they need and deserve.

Sincerely,

Carol H. Steckel
Commissioner

CAH/kbda
Enclosure